

PHONE: 503-842-2522
FAX: 503-815-1900
207 MADRONA AVENUE
TILLAMOOK, OR 97141

TERRY WRIGHT, CHIEF OF POLICE

MARIA GRZELAK\*, OFFICE ADMINISTRATOR

www.tillamookor.gov



## TILLAMOOK POLICE DEPARTMENT REQUEST FOR PUBLIC RECORDS

Name of Requestor:		Telephone Number: (Include best time to call.)				
Mailing Address:		Contact Person:				
City:		State/Zip:				
Contact Person e-mail: (o	Date Needed By:					
Type of Record Requester	d (Please be as specific as p	ossible):	3	6		
Reason for Request:		1	7	1	(3-	
Incident Information: (Please provide as complete and accurate information as known.)						
Case #/Citation #/Incide	Officer:					
Date of Incident:	Time:	Ž		AM PM		
Location of Incident/Stree	et Address			1		
Persons Involved (Full and c	omplete name, if known)			101	11/12/2	
1)	D.O.B.:					
2)	D.O.B.:	D.O.B.:				
Vehicle Information: (if kno	wn: if appropriate)	-	1	71.		
Make:	Model:	Year:		Color:		
Ct. do.	License #:		State:			
Style:	Licerise #.					
Initial indicating you read e	ach statement below:					
All reports requested are subject to release per state and federal public record statutes. Reports may contain exempt and non-exempt materials and are subject to redaction.					Initial:	
There is a processing fee for each record requested. This form must be printed, completed, signed and submitted. Once we have reviewed your request, we will advise you of fees associated. Fees are to be submitted by check or money order made payable to Tillamook Police Department.					Initial:	
Requests for criminal reports pertaining to open investigations and/or referred to another Criminal Justice Agency for prosecution consideration will not be released without prior approval of the District Attorney for Tillamook County, Oregon.					Initial:	
Signature:			Date	e:		